

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-6671



September 19, 1978

ALL-COUNTY LETTER NO. 78-41

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: QUESTIONNAIRE ON RELATIONSHIPS BETWEEN COUNTY WELFARE DEPARTMENTS
AND AREA AGENCIES ON AGING

REFERENCE:

In Social Services Memorandum 36-76, Social Services Letter 77-51 and Social Services Informational Memorandum dated January 26, 1978, we suggested you establish a formal written agreement with the Area Agencies on Aging for your county. To date, we have received one agreement executed by Orange County Department of Social Services which was sent to all counties.

In our desire to cooperate with the State Department of Aging and State Commission on Aging, we plan to concentrate our efforts to ensure that programs are available to our clientele. For us to do this, we need background information from you on programs that are the responsibility of the Area Agencies on Aging in your county.

We would appreciate your help in obtaining a statewide overview of the programs and services available to the elderly and barriers that prevent their utilization. A questionnaire for this purpose is attached.

We plan to use this information to develop an action plan and begin negotiations and planning with the Department of Aging for an improved coordinated service system.

Your cooperation and assistance in completing the questionnaire is greatly appreciated and will provide a basis upon which we can begin.

Sincerely,

ARNOLD N. MUNOZ, Deputy Director
Adult and Family Services Division

Attachment

Contact Person: Carol Tyson
Social Services Consultant
Adult Protective/Supportive Services Bureau
Systems Section
744 P Street, Room 542 (Mail Station 5-141)
Sacramento, CA 95814

WELFARE DEPARTMENT _____	DATE _____
ADDRESS _____	

Separate, or part of which one? _____

Is this a tribal organization which has been designated as the area agency? ☒ YES ☐ NO

If so, give the name of the designee and any office or chairmanship held by the designee: _____

[illegible]

AGENCY

SERVICES

NO. OF BENEFICIARIES

Explain the CWD's involvement with any of the above programs. Example. Social worker stationed at nutrition site or multi-service center. _____

Is there a formal established referral procedure used between AAA and CWD, for specific programs. ☐ YES ☐ NO

Is there an informal referral procedure used between workers? ☐ YES ☐ NO
Explain. _____

Has the CWD developed any service for which they are funded by the Department of Aging? ☐ YES ☐ NO

If yes, what service and amount of money? _____

Of the above listed local agency programs are any services easily used by welfare recipients? ☐ YES ☐ NO

If yes, which. _____

What limits or prevents use by welfare recipients? _____

What Aging programs should be more readily available to SSI/SSP beneficiaries?

What could be changed to improve relationship between CWD and Aging programs?

Please attach a copy of any written agreements that your department has with AAA.

Please attach copy of referral forms used by either of your agencies.

Please send a copy of any brochures that you have developed cooperatively.

Do you meet with the Social Security Administration and Area Agency on Aging to discuss coordination of services to mutual clients? ☐ YES ☐ NO

How often? _____

Is there a referral system in effect between SSA and AAA? ☐ YES ☐ NO

Explain. _____

Any other comments you wish to make _____
